

215040895  
62908

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

|  |  |   |                                    |  |  |  |
|--|--|---|------------------------------------|--|--|--|
| 2  | Total Number of Vehicles   | Local No./ District<br>207  | Agency Case No.<br>B5-093089       | HIT & RUN?<br><input type="radio"/> YES <input checked="" type="radio"/> NO  | INVESTIGATION MADE AT SCENE?<br><input checked="" type="radio"/> YES <input type="radio"/> NO                                    | L<br>1   |
| A/1<br>01  | DATE OF ACCIDENT   | M M / D D / Y Y Y Y<br>10/06/2015                                 |                                    | S M T W TH F S<br><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (In Military Time) |  | STATE USE ONLY   |
| A/2  | PLACE OF ACCIDENT  | COUNTY<br>Lancaster   | CITY<br>Lincoln                    | TIME OF ACCIDENT<br>1317   | POLICE NOTIFIED<br>1317  | 10/06/2015   |
| B<br>72  | ROAD ON WHICH ACCIDENT OCCURRED  | STREET/ HIGHWAY NO. A, 70th-Regency                               |                                    | PRIVATE PROPERTY?<br><input type="radio"/> YES <input checked="" type="radio"/> NO   | ONE-WAY STREET?<br><input type="radio"/> YES <input checked="" type="radio"/> NO   | LATITUDE   |
| C<br>1   | DISTANCE FROM MILEPOST   | FEET  | N S E W OF MILEPOST                | HIGHWAY NO.  |  | LONGITUDE  |
| D<br>3   | IF AT INTERSECTION   |   | IF NOT AT INTERSECTION             |  |  |  |
| NAME OF INTERSECTING ROADWAY   |  | <input checked="" type="radio"/> FEET <input type="radio"/> MILES |                                    | N S E W  |  | OF NEAREST STREET, BRIDGE, RAILROAD CROSSING                           |
| 660.00   |  |   |                                    | X  |  | 70th   |
| V1/M<br>01   | IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN |   |                                    |  |  |  |
| V2/M<br>02   | MILES  | N S E W   | AND MILES                          | N S E W  | OF NEAREST CITY OR TOWN  |  |
| E<br>2   | R. WORK ZONE CODES   | R1 R2 R3 R4   | S. PEDESTRIAN CLASSIFICATION CODES | S1 S2 S3 S4 S5-a S5-b S6-a S6-b  | DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY?<br><input type="radio"/> YES <input checked="" type="radio"/> NO |  |
| VEHICLE NO. 1  |  |   |                                    |  |  |  |
| F<br>1   | DRIVER LICENSE NO.   | H12137319   |                                    | STATE (Of License)   | NE   | SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE |
| V1/N<br>1  | DRIVER   | JOHN B SCHOLLE  |                                    | PHONE  | 402-802-8394   |  |
| V2/N<br>5  | DRIVER ADDRESS   | CITY, STATE, ZIP  |                                    | DATE OF BIRTH (MM / DD / YYYY)   | 09/05/1973   |  |
| G<br>4   | OWNER  | INDIAN HILLS COMMUNITY CHURCH                                     |                                    | PHONE  | 402-483-4541   |  |
| H<br>2   | OWNER ADDRESS  | CITY, STATE, ZIP  |                                    | CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO   | CITATION NO.   |  |
| V1/O<br>2  | LICENSE PLATE NO.  | RLS482  |                                    | YEAR (Plate Expires)   | 2016   | STATE (Of Plate) NE  |
| V2/O<br>2  | VEHICLE  | YEAR  | MAKE                               | MODEL  | BODY STYLE   | COLOR  |
| I<br>1   | 2009   | Ford  | Econoline                          | Full size van  | white  | ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 500                   |
| V1/P<br>1  | VEHICLE ID NO. (VIN)   | 1FBSS31L09DA55863   |                                    | INSURANCE COMPANY  | Brotherhood Mutual   |  |
| V2/P<br>2  | TOWED TO   | TOWED BY  |                                    | POLICY NO.   | 26A5A0341294   |  |
| VEHICLE NO. 2  |  |   |                                    |  |  |  |
| F<br>1   | DRIVER LICENSE NO.   | G24008006   |                                    | STATE (Of License)   | NE   | SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE |
| V1/P<br>1  | DRIVER   | SARAH J REIFENRATH  |                                    | PHONE  | 402-357-2732   |  |
| V2/P<br>1  | DRIVER ADDRESS   | CITY, STATE, ZIP  |                                    | DATE OF BIRTH (MM / DD / YYYY)   | 02/27/1969   |  |
| J<br>01  | OWNER  | MICHAEL J REIFENRATH / Sarah J Reifenrath                         |                                    | PHONE  | 605-659-4864   |  |
| V1/Q<br>4  | OWNER ADDRESS  | CITY, STATE, ZIP  |                                    | CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO   | CITATION NO.   |  |
| V2/Q<br>1  | 89031 570 AVE, WYNOT, NE 68792   |   |                                    |  | LB490235   |  |
| K<br>10  | LICENSE PLATE PA NO.   | 13D427  |                                    | YEAR (Plate Expires)   | 2016   | STATE (Of Plate) NE  |
| V1/R<br>1  | VEHICLE  | YEAR  | MAKE                               | MODEL  | BODY STYLE   | COLOR  |
| V2/R<br>1  | 2004   | Honda   | Civic Hybrid                       | 4 door Sedan   | silver / chrome  | ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 3000                  |
| V1/S<br>10   | VEHICLE ID NO. (VIN)   | JHMES95654S002949   |                                    | INSURANCE COMPANY  | Farmers Mutual   |  |
| V2/S<br>10   | TOWED TO   | TOWED BY  |                                    | POLICY NO.   | AU269638   |  |
| Four Brothers/70th-Cornhusker  |  | Capitol   |                                    |  |  |  |
| Complete this section for all injured persons<br>(Complete a continuation report, if more than three were injured) |  |   |                                    |  |  |  |
| VEH. #   | NAME   | ADDRESS   |                                    | DATE OF BIRTH (MM / DD / YYYY)   | 1<br>Seat Position   | 2<br>Eject   |
|  | LOCAL NO.  | MEDICAL FACILITY NAME   |                                    | EMS SERVICE NAME   | 3<br>Body Region   | 4<br>Injury Sev.   |
|  |  |   |                                    |  | 5<br>Trans.  | SEX<br>M F   |
| VEH. #   | NAME   | ADDRESS   |                                    |  |  |  |
|  | LOCAL NO.  | MEDICAL FACILITY NAME   |                                    | EMS SERVICE NAME   |  |  |
|  |  |   |                                    |  |  |  |
| VEH. #   | NAME   | ADDRESS   |                                    |  |  |  |
|  | LOCAL NO.  | MEDICAL FACILITY NAME   |                                    | EMS SERVICE NAME   |  |  |
|  |  |   |                                    |  |  |  |

**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

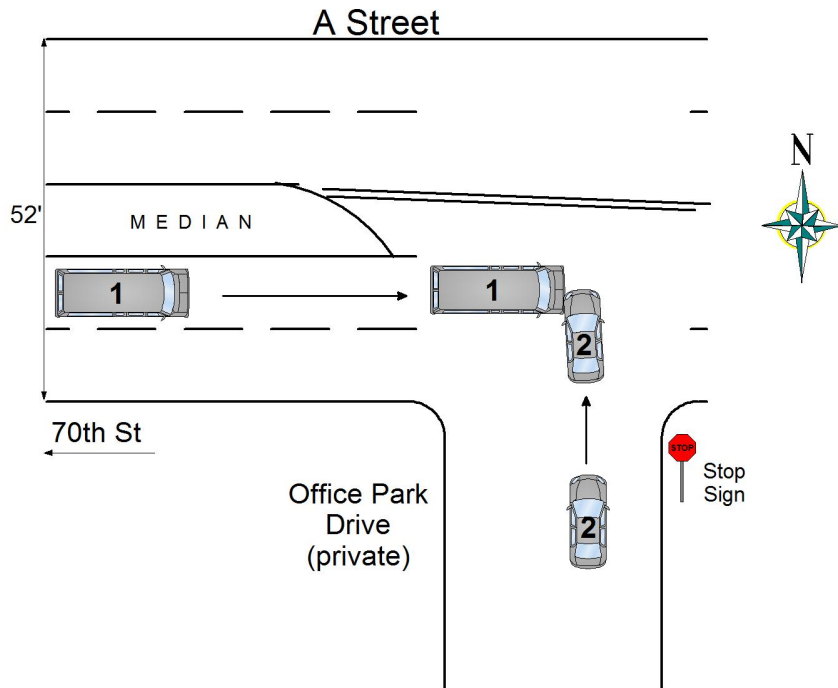
INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
B5-093089



Indicate  
North  
by Arrow

**POI:**  
660' E E curb 70th  
14' N S curb A St



**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

V#1 was EB on A St in the inside traffic lane approaching Office Park Drive (private drive). V#2 was stopped NB on Office Park Drive at the stop sign at A St. V#2 then entered the intersection trying to turn left onto A St when it collided with V#1. D#1 said that he had just turned onto A from 70th and was accelerating EB up the hill when he saw V#2 entering his path. D#1 braked but could not avoid the collision. D#2 said that she didn't see any traffic approaching from the west and then entered the intersection and heard a horn and saw V#1 approaching and could not avoid the collision.

|                  |                    |            |         |       |                              |
|------------------|--------------------|------------|---------|-------|------------------------------|
| <b>PROPERTY</b>  | OBJECT DAMAGED     | OWNER NAME | ADDRESS | PHONE | APPROX. COST OF DAMAGE<br>\$ |
|                  | OBJECT DAMAGED     | OWNER NAME | ADDRESS | PHONE | APPROX. COST OF DAMAGE<br>\$ |
| <b>WITNESSES</b> | NAME ADDRESS PHONE |            |         |       | PHONE                        |
|                  | NAME ADDRESS PHONE |            |         |       | PHONE                        |

| VEHICLE MOVEMENT BEFORE COLLISION |    |                          |   | POINT OF IMPACT AND MOST DAMAGED AREA<br>(Enter numbers for each vehicle) |                                  |                   |  | AIRBAG DEPLOYED VEHICLE 1 |  | RESTRAINT USE VEHICLE 1   |  | TOTAL OCCUPANTS   |  |                         |                                       |                   |            |   |   |   |
|-----------------------------------|----|--------------------------|---|---|----------------------------------|-------------------|--|---------------------------|--|---|--|---|--|-------------------------|---------------------------------------|-------------------|------------|---|---|---|
| VEH NO.                           | N  | S                        | E | W   | ROAD OR HIGHWAY NAME             | VEHICLE 1         |  | VEHICLE 2                 |  | VEHICLE 1   |  | VEHICLE 2   |  | VEH 1                   | 1                                     | VEH 2             | 5          |   |   |   |
| 1                                 |    |                          | X |   | A                                |                   |  |                           |  | <div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> |  | <div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> |  | ALCOHOL TESTING         | Driver No. 1                          | Driver No. 2      | Pedestrian |   |   |   |
| 2                                 | X  |                          |   |   | Office Park Dr                   |                   |  |                           |  | <div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> |  | <div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> |  | ALCOHOL LEVEL TESTED    | Y                                     | X                 | Y          | X | Y | N |
| 1                                 | 01 | 06 Turning left          |   |   |                                  | POINT OF IMPACT   |  | 02                        |  | POINT OF IMPACT   |  | 08  |  | BAC LEVEL               |                                       |                   |            |   |   |   |
| 2                                 | 06 | 08 Entering traffic lane |   |   |                                  | MOST DAMAGED AREA |  | 02                        |  | MOST DAMAGED AREA   |  | 08  |  | ALCOHOL/DRUGS SUSPECTED |                                       | Driver No. 1<br>1 |            |   |   |   |
| 01 Essentially straight ahead     |    |                          |   |   | 09 Leaving traffic lane          |                   |  |                           |  | 02 Deployed - front   |  |   |  |                         | 1 Neither alcohol nor drugs suspected |                   |            |   |   |   |
| 02 Backing                        |    |                          |   |   | 10 Parked                        |                   |  |                           |  | 3 Deployed - side   |  |   |  |                         | 2 Yes - alcohol suspected             |                   |            |   |   |   |
| 03 Changing lanes                 |    |                          |   |   | 11 Slowing or stopped in traffic |                   |  |                           |  | 4 Deployed - both front/side  |  |   |  |                         | 3 Yes - drugs suspected               |                   |            |   |   |   |
| 04 Overtaking/Passing             |    |                          |   |   | 12 Other                         |                   |  |                           |  | 4 Not deployed  |  |   |  |                         | 4 Yes - alcohol & drugs suspected     |                   |            |   |   |   |
| 05 Turning right                  |    |                          |   |   | 13 Unknown                       |                   |  |                           |  | 5 Not applicable/No airbag available  |  |   |  |                         | 5 Unknown                             |                   |            |   |   |   |
|                                   |    |                          |   |   |                                  |                   |  |                           |  | 6 Unknown   |  |   |  |                         |                                       |                   |            |   |   |   |

|   |                              |  |  |
|---|------------------------------|--|--|
| OFFICER NO.<br><b>643</b>                               | TROOP/TEAM/BEAT<br><b>SE</b> | DEPARTMENT<br><b>Lincoln Police Department</b>           | Photographs taken?<br><input checked="" type="checkbox"/> YES<br><input type="checkbox"/> NO |
| INVESTIGATOR NAME (Print or Type)<br><b>Mark Fluitt</b> |                              | INVESTIGATOR SIGNATURE<br><b>Approved by Mark Fluitt</b> |  |
| DATE OF REPORT<br><b>10/06/2015</b>                     |                              |  |  |